

# ***Eligibility deadline for reduced-premium COBRA extended through March 31, 2010; new type of eligible individual added***

## **Eligibility deadline extended**

The enclosed documents show the deadline to qualify for reduced-premium COBRA coverage due to an involuntary termination ends February 28, 2010. The federal government has extended this deadline to **March 31, 2010**.

## **New eligibility for reduced-premium COBRA added**

The current definition of an assistance-eligible individual has expanded to include those who were involuntarily terminated from employment *after a reduction in work hours that resulted in a loss of employer-paid health coverage*.

For this new eligible group, you may apply for reduced-premium COBRA if:

- You lost employer-sponsored PEBB health coverage due to a reduction in work hours between October 1, 2008 and March 31, 2010; **and**
- You were involuntarily terminated from employment between March 2, 2010 (the enactment date) and March 31, 2010.

You and your qualified beneficiaries may apply for reduced-premium COBRA coverage effective **April 1, 2010**, even if you or your qualified beneficiaries didn't enroll in COBRA when you lost employer-paid health coverage. The 18-month COBRA period would begin **retroactively** to the first day of the month after you lost PEBB coverage due to your reduction in work hours.

If you or your qualified beneficiaries already enrolled in full-premium COBRA when you lost employer-sponsored health coverage, you may apply to continue your COBRA coverage at the reduced premium effective **April 1, 2010**.

If you qualify, your reduced-premium COBRA coverage will last up to 15 months *but not longer than your 18-month COBRA period*. For example, if your work hours were reduced in July 2009 and you lost employer-paid health coverage August 1, 2009, then your 18-month COBRA period would start August 1, 2009 and end January 31, 2011. Your reduced-premium COBRA coverage would start April 1, 2010 and end January 31, 2011 (10 months), as long as you continue to meet eligibility criteria.

## **How to apply for reduced-premium COBRA**

Read the enclosures, including the monthly rate sheet. To apply, you must complete and submit the *COBRA Continuation Coverage Election Form for Premium Reduction and Request for Treatment as an Assistance Eligible Individual* to PEBB **no later than 90 days** from the postmark on this packet.

If you have questions, please call PEBB Benefits Services at 1-800-200-1004.